

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043665

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 416

FILED NOV 26 1962

VS 300
Rev. 4/59

0808

20808

3

4 0

5 1

6

7 0

8 2

9 X

10

11 132

12 1-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
Length of stay in 1b <u>20 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1209 East 9th</u>	
3. NAME OF DECEASED (Type or print) First <u>Larry</u> Middle <u>Alfred</u> Last <u>MOON</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-1-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	
11. BIRTHPLACE (City and state or country) <u>Morgan Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Harve Moon</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie</u>	
14. NAME OF HUSBAND OR WIFE <u>Effie Cochran Moon</u>		Address <u>1305 E. 10th</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Leroy Moon</u>		Address <u>Sedalia</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTRACRANIAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 HR. 20 MIN.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MULTIPLE SKULL FRACTURES.</u>		<u>1 HR. 20 MIN.</u>	
DUE TO (c) <u>HIT BY CAR - PEDESTRIAN</u>		<u>1 HR. 20 MIN.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>HIT BY CAR - PEDESTRIAN</u>	
20c. TIME OF INJURY Hour <u>6:57</u> p.m. Month, Day, Year <u>11 17 62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>		20f. CITY, TOWN, OR LOCATION <u>SEDALIA</u>	
20g. COUNTY <u>PETTIS</u>		20h. STATE <u>MO.</u>	
21. I attended the deceased from <u>FEB. '47</u> to <u>NOV. 17 '62</u> and last saw her/him alive on <u>11-17-62</u>		Death occurred at <u>8:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Sedalia, Mo.</u>	
22c. DATE SIGNED <u>11/19/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Memorial Gardens</u>	
23d. LOCATION (City, town, or county) <u>Sedalia Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>M^o Laughlin Bros</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 19, 1962</u>	
ADDRESS <u>Sedalia</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby per H. Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.